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A DESCRIPTIVE STUDY TO ASSESS THE LEVEL OF BURDEN AMONG THE CARE GIVERS OF CLIENTS WITH MENTAL ILLNESS IN A SELECTED HOSPITAL ERITREA, AFRICA

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ABSTRACT

Informal caregiver and family caregiver are terms, that refers to unpaid individuals such as family members, friends and neighbours, who provide care. In Africa 2-5% of population suffers some form of mental or behavioural disorder. Around 1% has a serious form of mental disorder requiring urgent care at any one point of time. Not less than 10-15% of those attending general health facilities have a common mental disorder. There are around 400,000 wandering mentally ill persons in Africa. Present study to assess the care giver burden of care givers who take care of mentally ill clients. **Materials and methods**: Non-experimental descriptive design has used. 60 care givers have taken using convenient sampling method from St. Mary's Neuro Psychiatric Hospital. This instrument was selected by the investigator with the help of various resources and review of literature. The questionnaire was prepared to assess the level of burden among care givers of clients with mental illness. The instrument consists of two parts Demographic variables and The Zarit Burden Interview (caregiver burden assessment scale). **Results**: Majority 34 (57%) of caregivers of clients with mental illness had mild level of burden and least 18 (30%) of caregivers had little burden. It is inferred that majority of caregivers of clients with mental illness had mild level of burden. **Conclusion**: The care givers felt little burden to take care of mentally ill clients. Even though the health professionals, especially mental health nurse have on important role to acknowledge the burden of caregivers. Such measures would ensure family well being for families with mentally ill patients.

KEYWORDS

Family caregiver and Social workers.

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INTRODUCTION

Caregiver burden in an all - encompassing term used to describe the physical, emotional and financial toll of providing care. The firm family or caregiver burden commonly refers to the effect of the mental illness of one family member on the emotional well-being of other family members as well as on the family members use of time, finances and general living conditions.

According to Medical Review Board-2008, caregiver burden refer to a high level of stress that may be experienced by people who are caring for another person usually family member with some kind of illness for (eg) a person caring for someone with a chromic illness may experience such stressors as financial strain, managing the person's symptoms, dealing with crises the loss of friends or the loss of intimacy.

Howard H. Goldman did a study on mental illness and family burden. Family burden is the emotional and economic strain that family members experience when a relative is discharged from a mental hospital and returns home. Studies suggest that more than 65 percent of discharged mental patients return to their families. Family burden is a complex problem that serious affects the treatment of chronic mental patients.

World wide studies estimate that 1.5 to 3.5 percent of the population can be affected over a life time. Mental illness is common, and the milder conditions are very common. One fifth of Americans suffer from a diagnosable mental disorders during any given years. One fifth of school-age children are also affected by these conditions. Severe and persistent mental illness is less common, but still affects three percent of the population.

Mental disorders have become global concern because of its impact on individual health, familial and social consequences, criminal and legal problems and the effects on National productivity and economy. About 400 million people are estimated to be suffering from various mental and neurological disorders in worldwide (Workshop Report TNAI.Sep.5, 2001).

Statement of the problem

A descriptive study to assess the level of burden among the care givers of clients with mental illness in a selected hospital Eritrea, Africa.

Objectives

The objectives of this study are to

1. To assess the level of burden among care givers of clients with mental illness.
2. To find out the association between the level of burden with selected demographic variables among care givers of clients with mental illness.

Hypothesis

H1

There will be a significant association between the level of burden and selected demographic variables among care givers of clients with mental illness.

METHODOLOGY

Research Approach

A non experimental approach was used for the study.

Research Design

The research design selected for this study was descriptive design.

Setting of the study

This study was conducted at St. Mary's Neuro Psychiatric Hospital.

Sample Size

The sample size for this study was 60 care givers of clients with mental illness receiving treatment that fulfilled the inclusion criteria.

Criteria for sample selection

Inclusion Criteria

The samples were included on the basis of the following criteria

- The care givers of clients with mental illness who were living together and are directly involved in caring the clients (first order relatives such as father, mother brother or sister Husband or wife).
- Clients' caregivers with both psychotic and neurotic disorder.
- Clients' caregivers coming for outpatient and department.
- Clients who are willing to participate.

Exclusion Criteria

- Caregivers in the age group of below 20 years.

Sampling Technique

The convenience sampling technique was used in this study.

Description of the tool

This instrument was selected by the investigator with the help of various resources and review of literature. The questionnaire was prepared to assess the level of burden among care givers of clients with mental illness.

The instrument consists of two parts.

Part I

Demographic variables.

Part II

The Zarit Burden Interview (caregiver burden assessment scale).

Part I

Demographic Variables

The demographic variables include age, sex, education, occupation, locality, religion, marital status, income, duration of care, relationship with the client and financial support of care givers.

Part II

The Zarit Burden Interview

It is a standardized scale. The Zarit burden interview was developed by Steven Zarit (1983). In this scale consist of 22 items instrument which includes the factors most frequently mentioned by caregivers as problem areas in providing care for mentally ill patients. The total score is from 0 to 88. A high score correlates with higher level of burden.

Scoring Procedure

The Zarit burden interview

The level of caregiver burden was measured in terms of burden scores. The 22 items in part II has option such as never, rarely, sometimes, quite frequently, and nearly always with a score of 0, 1, 2, 3, 4 repetitively. A maximum score of 88 can be obtained against a minimum score of 1.

0-25%	Little burden
26-50%	Mild burden
51-75%	Moderate burden
76-100%	Severe burden

Validity and reliability of the tool

In order to measure the content validity the scale was given to experts in the field of psychiatry, psychology, sociology and psychiatric nursing. They were requested to judge the items for their clarity, relatedness, meaningfulness, and adequacy of the content, comments and suggestions were invited.

The Zarit burden interview reliability of the tool was done by test retest method. This scale reliability (r=0.76) and internal consistency (cronbachis alpha=0.93).

Data collection procedure

The permission was obtained from the Medical Director of St. Mary's Neuro Psychiatric Hospital, Africa, and the purpose of the study was explained and formal permission was obtained to conduct the study. An initial rapport was established with the caregivers and the purpose of the study was explained to them. A convenient time and date was fixed and informed to the participants and gathered in a room and privacy was provided. The total 60 samples were selected by using convenience sampling technique. Each day maximum five to six caregivers of clients with mental illness were assessed by Zarit burden interview.

Plan for data analysis

Systematically collected raw data was analyzed and processed by using descriptive and inferential statistical methods.

Protection of human rights

- Permission was obtained from the concerned authorities
- Written consent obtained from the subjects.
- The participants were given full freedom to drop out of the study, whenever they wanted and were assured that it will not affect their treatment in the hospital.
- Assurance was given to the study subjects of their anonymity and the confidentiality of the data collected from them.

RESULTS AND DISCUSSION

Regarding the relationship with client majority were from first degree relatives and financial support also from them.

Table No.2 shows that majority 34 (57%) of caregivers of clients with mental illness had mild level of burden and least 18 (30%) of caregivers had little burden.

It is inferred that majority of caregivers of clients with mental illness had mild level of burden.

Table No.3 shows that there is no significant association between selected demographic variables in relation to level of burden among caregivers of clients with mental illness.

This study was to assess the level of burden and coping strategies among caregivers of mentally ill clients in selected hospitals. The result of the study has been according to the study objectives.

The study findings revealed that majority of 34 (57%) of caregivers of mentally ill clients had mild level of burden and least 18 (30%) of caregivers had little burden.

The findings was supported by the study done by Brown University school of medicine (2002) to find out the family caregiver burden among hospitalized patient. The study findings revealed that caregiver were mostly male (56%) and spouses (69%). Despite reporting significant amounts of strain and burden, care givers felt that case giving was rewarding (72%) of the caregivers scores positively for depressive symptoms.

To find out the association between the level of burden with selected demographical variables.

The study findings showed that association of age, marital status, duration of care and financial support on the level of burden was analyzed using inferential statistics namely chi-square.

There is no significant association between selected demographic variables in relation to level of burden among caregivers of clients with mental illness.

Review of literature revealed that significant association between the level of emotional distress and burden with demographic variables. Most of the studies were conducted in western foreign settings. This study was conducted in African settings. Findings revealed there is no association between caregiver burden among caregivers of clients with mental illness. This would be the reason of Eritrean custom and family connectedness among family members.

Table No.1: Distribution of caregivers of clients with mental illness based on their demographic variables N=60

S.No	Demographic variables	Frequency (n)	Percentage %
	Age in years		
1	20-35	25	41
2	36-50	27	45
3	51-65	7	12
4	65 and above	1	2
	Sex		
5	Male	26	43
6	Female	34	57
	Educational status		
7	Non illiterate Illiteracy	6	10
8	Primary	8	13
9	Secondary	26	44
10	Degree	20	33
	Occupation		
11	Unemployed	17	28
12	Employed	43	72
	Income monthly in Nkf.		
13	Below poverty line	46	77
14	Above poverty line	14	23
	Marital status		
15	Married	46	77
16	Unmarried	14	23
	Religion		
17	Christian	25	40

18	Muslim	35	60
Residence			
19	Rural	22	37
20	Urban	38	63
Duration of care			
21	Less than one year	23	38
22	More than one year	37	62
Relationship with the client			
23	First order relative	55	92
24	Friends	5	8
Financial Support			
25	Family members	56	93
26	Neighbours	4	7

Table No.2: Distribution on the level of burden among caregivers of clients with mental illness N=60

Level of burden								
S.No	**Little**		**Mild**		**Moderate**		**Severe**	
1	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
2	18	30	34	57	8	13	-	-

Table No.3: Distribution on caregivers of clients with mental illness based on association between selected demographic variables in relation to level of burden N=60

S.No	**Demographic variables**	**Level of burden**		
		Below mean	**Above mean**	**Level of burden**
Age in years				2.39 Not Significant
1	20-35	17	8	
2	36-50	17	10	
3	51-65 and above	3	5	
Marital status				1.39 Not Significant
4	Married	27	21	
5	Unmarried	9	3	
Duration of care				0.4 Not Significant
6	Below one year	15	8	
7	Above one year	21	16	
Financial support				0.3 Not significant
8	Family members	35	21	
9	Neighbours	2	2	

CONCLUSION

The care givers felt little burden to take care of mentally ill clients. Even though the health professionals, especially mental health nurse have on important role to acknowledge the burden of caregivers. They are in a position to render support and refer them to get further support through social workers and community agencies. Such measures would ensure family well being for families with mentally ill patients.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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